

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/084,843
		Filing Date	February 25, 2002
		First Named Inventor	Reed, Steven G.
		Art Unit	1645
		Examiner Name	Rodney P. Swartz
Total Number of Pages in This Submission	3+2 refs	Attorney Docket Number	014058-008591US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; EP Search Report; copies of references
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Annette S. Parent Reg. No. 42,058	
Signature		
Date	March ( 3 ), 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Mark T. Davis		
Signature		Date	March ( 3 ), 2004

PIPE JC134  
MAR 08 2004  
PATENT & TRADEMARK OFFICE

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 180

## Complete if Known

Application Number 10/084,843  
Filing Date February 25, 2002  
First Named Inventor Reed, Steven G.  
Examiner Name Rodney P. Swartz  
Art Unit 1645  
Attorney Docket No. 014058-008591US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

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to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	Utility filing fee	
		1002	340	Design filing fee	
		1003	530	Plant filing fee	
		1004	770	Reissue filing fee	
		1005	160	Provisional filing fee	

SUBTOTAL (1)

(\$ )

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	86	Independent claims in excess of 3
		1203	290	Multiple dependent claim, if not paid
		1204	86	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ )

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	
		1252	420	Extension for reply within second month	
		1253	950	Extension for reply within third month	
		1254	1,480	Extension for reply within fourth month	
		1255	2,010	Extension for reply within fifth month	
		1401	330	Notice of Appeal	
		1402	330	Filing a brief in support of an appeal	
		1403	290	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,330	Petition to revive - unintentional	
		1501	1,330	Utility issue fee (or reissue)	
		1502	480	Design issue fee	
		1503	640	Plant issue fee	
		1460	130	Petitions to the Commissioner	
		1807	50	Petitions related to provisional applications	
		1806	180	Submission of Information Disclosure Stmt	180
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$ )180

### SUBMITTED BY

### Complete (if applicable)

Name (Print/Type) Annette S. Parent Registration No. (Attorney/Agent) 42,058 Telephone 415-576-0200  
Signature *Annette S. Parent* Date March ( 3 ), 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I hereby certify, that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Attorney Docket No.: 014058-008591US  
Client Reference No.: 411c9 (CON)

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P.O. Box 1450  
Alexandria, VA 22313-1450

On March 3, 2004



TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

Mark T. Davis  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Steven G. Reed et al.

Application No.: 10/084,843

Filed: February 25, 2002

For: COMPOUNDS AND METHODS  
FOR IMMUNOTHERAPY AND  
DIAGNOSIS OF TUBERCULOSIS

Examiner: Rodney P. Swartz

Art Unit: 1645

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the European application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

03/10/2004 HAL111 00000037 201430 10084843


01 FC:1806 180.00 DA

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
Annette S. Parent  
Reg. No. 42,058

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ASP:mtd



PTO/SB/08B (08-03)

<b>Substitute for form 1449B/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	10/084,843		
		Filing Date	February 25, 2002		
		First Named Inventor	Reed, Steven G.		
		Art Unit	1645		
		Examiner Name	Rodney P. Swartz		
Sheet	1	of		Attorney Docket Number	014058-008591US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	AA	CAMERON, Rona M. et al.; "Identification and characterization of a putative serine protease expressed <i>in vivo</i> by <i>Mycobacterium avium</i> subsp. <i>Paratuberculosis</i> "; <u>Microbiology</u> 1994 Vol. 140 No. 8, pp. 1977-1982.	
	AB	SKEIKY, Yasir A. et al.; "Cloning, Expression, and Immunological Evaluation of Two Putative Secreted Serine Protease Antigens of <i>Mycobacterium tuberculosis</i> "; <u>Infection and Immunity</u> 1999 Vol. 67 No. 8, pp. 3998-4007.	

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.